

Case Number:	CM15-0167056		
Date Assigned:	09/04/2015	Date of Injury:	05/31/2002
Decision Date:	10/09/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/24/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 52-year-old male who reported an industrial injury on 5-31-2002. His diagnoses, and or impression, were noted to include: knee pain; thoracolumbar radicular syndrome; internal derangement of the knee; lumbago; failed back surgery with radiculopathy; muscle spasm; opioid type dependence-abuse; and status-post lumbar fusion. The history noted a non-industrial right knee injury. No current imaging studies were noted. His treatments were noted to include: surgery; consultations; psychological consultation; medication management with toxicology screenings and the weaning off of Oxycodone, Soma and Ambien (February - April, 2015); and rest from work. The progress notes of 7-27-2015 noted a follow-up visit for medication refill for complaints of bilateral knee pain, left > right; axial low back pain that adds to his bad knees; lower extremity pains; and that his current doses of Oxycodone and Tramadol decreased his pain and improved his quality of life. Objective findings were noted to include: authorized revision of the left knee which had expired, with the request for an extension; no acute distress; the denial of anxiety, depression or sleeping difficulties; obesity; discomfort due to pain; tenderness at the lumbar-lumbosacral facet joints, and with range-of-motion; positive bilateral straight leg raise; decreased sensation at the lumbosacral dermatomes; and diffuse , right > left, tenderness of the bilateral knees, with swelling of the right knee. The physician's requests for treatments were noted to include the continuation of Soma as needed, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The patient presents with left knee, low back, and left lower extremity pain. The request is for SOMA 350MG #90. The request for authorization is not provided. The patient is status post L4-S1 fusion. Physical examination of the back reveals lumbar spine tender to palpation, tenderness at facet joint of L2-3 through L5-S1, pain with range of motion, positive SLR bilaterally, decreased sensation in the left L5/S1 dermatome. Patient's medications include Protonix, Naprosyn, Soma, Oxycodone, Tramadol, and Ambien. The patient's work status is not provided. MTUS, Muscle Relaxants Section, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Treater does not specifically discuss this medication. Patient has been prescribed Soma since at least 01/06/15. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for Soma #90 would exceed what is recommended by MTUS, and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Zolpidem (Ambien).

Decision rationale: The patient presents with left knee, low back, and left lower extremity pain. The request is for AMBIEN 10MG #30. The request for authorization is not provided. The patient is status post L4-S1 fusion. Physical examination of the back reveals lumbar spine tender to palpation, tenderness at facet joint of L2-3 through L5-S1, pain with range of motion, positive SLR bilaterally, decreased sensation in the left L5/S1 dermatome. Patient's medications include Protonix, Naprosyn, Soma, Oxycodone, Tramadol, and Ambien. The patient's work status is not provided. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Treater does not specifically discuss this medication. Patient has been prescribed Ambien since at least 01/06/15. ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. In this case, the request for Ambien #30 would exceed ODG recommendation and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.